

<b>COVER SHEET</b>		Court Identification Docket #		Case Year	Docket Number
<b>Civil Case Filing Form</b> (To be completed by Attorney/Party Prior to Filing of Pleading)		<div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">C1</div>	<div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">22</div>	<div style="border: 1px solid black; padding: 2px;">90</div>	<div style="border: 1px solid black; padding: 2px;">90</div>
		<div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">31</div> <div style="border: 1px solid black; padding: 2px;">22</div>			
		County #    Judicial    Court ID District    (CH, CI, CO)			
		Month    Date    Year			
Mississippi Supreme Court    Form AOC/01 Administrative Office of Courts    (Rev 2020)		This area to be completed by clerk			
In the <u>CIRCUIT</u>		Court of <u>HANCOCK</u>	County — <u>FIRST</u>	Judicial District	
<b>Origin of Suit (Place an "X" in one box only)</b>					
<input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Reinstated <input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Other <input type="checkbox"/> Remanded <input type="checkbox"/> Reopened <input type="checkbox"/> Joining Suit/Action <input type="checkbox"/> Appeal					
<b>Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form</b>					
<b>Individual</b> <u>GOODMAN</u> <u>CHARLENE</u> <div style="display: flex; justify-content: space-between;"> <span>Last Name</span> <span>First Name</span> <span>Maiden Name, if applicable</span> <span>M.I.</span> <span>Jr/Sr/III/IV</span> </div>					
<input type="checkbox"/> Check ( x ) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____					
<input type="checkbox"/> Check ( x ) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: D/B/A or Agency _____					
<b>Business</b> _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input type="checkbox"/> Check ( x ) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: D/B/A _____					
<b>Address of Plaintiff</b> <u>38489 SON MOORE RD, PEARL RIVER, LOUISIANA 70452</u>					
<b>Attorney (Name &amp; Address)</b> <u>JEFFREY L. OAKES 61025 HIGHWAY 1091, SLIDELL, LOUISIANA 70458</u> <b>MS Bar No.</b> <u>106236</u>					
<input type="checkbox"/> Check ( x ) if Individual Filing Initial Pleading is NOT an attorney					
Signature of Individual Filing: <u>Jeffrey L Oakes</u>					
<b>Defendant - Name of Defendant - Enter Additional Defendants on Separate Form</b>					
<b>Individual</b> _____ <div style="display: flex; justify-content: space-between;"> <span>Last Name</span> <span>First Name</span> <span>Maiden Name, if applicable</span> <span>M.I.</span> <span>Jr/Sr/III/IV</span> </div>					
<input type="checkbox"/> Check ( x ) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____					
<input type="checkbox"/> Check ( x ) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: D/B/A or Agency _____					
<b>Business</b> <u>SILVER SLIPPER CASINO VENTURE, LLC</u> Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input checked="" type="checkbox"/> Check ( x ) if Business Defendant is acting in the name of an entity other than the above, and enter below: D/B/A <u>SILVER SLIPPER CASINO</u>					
<b>Attorney (Name &amp; Address) - If Known</b> _____ <b>MS Bar No.</b> _____					
<input type="checkbox"/> Check ( x ) if child support is contemplated as an issue in this suit.* *If checked, please submit completed Child Support Information Sheet with this Cover Sheet					
<b>Nature of Suit (Place an "X" in one box only)</b>					
<b>Domestic Relations</b>		<b>Business/Commercial</b>		<b>Children/Minors - Non-Domestic</b>	
<input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce/Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other _____		<input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other _____		<input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion <input type="checkbox"/> Minor Removal of Minority <input type="checkbox"/> Other _____	
<b>Appeals</b>		<b>Probate</b>		<b>Civil Rights</b>	
<input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Municipal Court <input type="checkbox"/> Other _____		<input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Mental Health Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Joint Conservatorship & Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Alcohol/Drug Commitment (voluntary)		<input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other _____	
		<b>Statutes/Rules</b>		<b>Real Property</b>	
		<input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other _____		<input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other _____	
				<b>Torts</b>	
				<input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input checked="" type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other _____	

**IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI**  
**FIRST JUDICIAL DISTRICT, CITY OF BAY ST. LOUIS**

Docket No. \_\_\_\_\_ - \_\_\_\_\_ Docket No. If Filed  
File Yr Chronological No. Clerk's Local ID Prior to 1/1/94

**DEFENDANTS IN REFERENCED CAUSE - Page 1 of \_\_\_\_ Defendants Pages**  
**IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

**Defendant #2:**

**Individual:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** FULL HOUSE RESORTS, INC.  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

**ATTORNEY FOR THIS DEFENDANT:** \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_ Not an Attorney(✓) \_\_\_\_

**Defendant #3:**

**Individual:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

**ATTORNEY FOR THIS DEFENDANT:** \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_ Not an Attorney(✓) \_\_\_\_

**Defendant #4:**

**Individual:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below:

D/B/A \_\_\_\_\_

**ATTORNEY FOR THIS DEFENDANT:** \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_ Not an Attorney(✓) \_\_\_\_

**IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI**

**CHARLENE GOODMAN**

**PLAINTIFF**

**VS.**

**CIVIL CAUSE NO.:** 22-0090

**SILVER SLIPPER CASINO VENTURE,  
LLC**

**DEFENDANTS**

**AND**

**FULL HOUSE RESORTS, INC.**

**COMPLAINT**

**FILED**

**MAY 31 2022**

**KENDRA NECAISE  
CIRCUIT CLERK, HANCOCK CO.  
BY [Signature] D.C.**

**COMES NOW**, Plaintiff, Charlene Goodman, who files this Complaint against the Defendants, Silver Slipper Casino Venture, LLC and Full House Resorts, Inc., and in support thereof would show unto this Court as follows:

1.

Made plaintiff herein is:

1. Charlene Goodman, a person of the full age of majority and resident of Pearl River, Louisiana, and hereinafter referred to as "Plaintiff".

2.

The following entities are hereby made defendants:

1. Silver Slipper Casino Venture, LLC, a foreign limited liability company, licensed and doing business in the State of Mississippi in Bay St. Louis, Mississippi and capable of being served through its registered agent for service of process, Business Filings Incorporated, 645 Lakeland East Drive, Flowood, Mississippi 39232, and hereinafter referred to as "Silver Slipper"; and
2. Full House Resorts, Inc., a foreign corporation, licensed and doing business in the State

of Mississippi in Bay St. Louis, Mississippi and capable of being served through its registered agent for service of process, Business Filings Incorporated, 645 Lakeland East Drive, Flowood, Mississippi 39232, and hereinafter referred to as “Full House”

3.

This cause of action occurred or accrued in Hancock County, Mississippi. Pursuant to the provisions of § 11-11-3 of the Mississippi Code of 1972 as amended, venue is proper in this Court.

4.

On or about June 11, 2019, Plaintiff was visiting the Silver Slipper Casino, located at 5000 S. Beach Blvd, Bay St. Louis, Mississippi 39520, a business owned and operated by Silver Slipper and Full House, and while traversing the buffet dining area floor slipped in a mélange of beverages and food. No warnings or wet floor signs were posted.

5.

At all times pertinent, the above-described buffet dining area was in the care, custody, and control of the Silver Slipper Casino, owned and operated by the defendants.

6.

The stew of beverages and food was on the floor for an unreasonable amount of time before the Plaintiff's fall. No action had been taken by Silver Slipper Casino employees to remedy the unreasonably dangerous condition.

7.

This accident was caused by the gross and simple negligence of the defendants in the following non-exclusive particulars or as may be seen at trial in this matter:

- a. Failing to follow safe practices and procedures;
- b. Failing to properly monitor potential hazards;

- c. Careless attention to potential dangers;
- d. Creating the subject risk of harm;
- e. Failing to recognize that the combination of a ceramic tile floor plus the foreseeable likelihood of spilled liquids and foods upon the surface would create a particularly slick and slippery surface.
- f. Failing to use the necessary precautions for the conditions then and there prevailing;
- g. Failure to warn customers of the hazard or redirect customers away from the hazard;
- h. Allowing liquid and food to remain on the floor so that they would cause the accident and injury sustained by the plaintiff;
- i. Failing to maintain a safe environment, free from hazards;
- j. Failing to correct a defect that presented a foreseeable risk of harm;
- k. Failing to avoid a foreseeable accident;
- l. Failure to protect others from the dangerous condition;
- m. Failing to properly train their employees to act and/or respond to avoid danger to others;
- n. Failing to maintain strict requirements for employee qualifications and performance regarding operation and maintenance of the dining area;
- o. Failing to provide adequate safety training;
- p. Poor cleaning practice; and
- q. Any other act of negligence shown at the trial of this matter.

8.

Under the doctrine of *respondeat superior* the defendants are responsible for the gross and simple negligence of its employees, and as such, is liable for the acts and/or omissions of the employee(s) that failed to monitor for unreasonable hazards and promptly rid the floor of

foreseeable dangers.

9.

As a result of the accident, the plaintiff has sustained severe and disabling injuries to her mind and body, including but not limited to injuries to her knee, spine and right ankle. Plaintiff has incurred medical expenses as a result of this accident and will continue to incur medical expenses in the future.

10.

The plaintiff suffered losses and special damages; all as will be shown at a trial of this cause. Plaintiff itemizes her damages as follows:

1. Past, present and future pain and suffering;
2. Past, present and future mental anguish;
3. Past, present and future medical expenses;
4. Past, present and future disabilities;
5. Loss of enjoyment of life;
6. Past, present and future lost wages;
7. Loss of earning capacity;
8. Past, present and future household services;
9. And all other items of general or special damages which may be established at the trial of this matter; and
10. To the extent applicable, penalties, interest, costs and attorney's fees.

11.

Plaintiff seeks all further damages and relief that are equitable under the circumstances.

12.

The plaintiff shows that she is entitled to a trial by jury upon all counts and issues herein and hereby requests a TRIAL BY JURY.

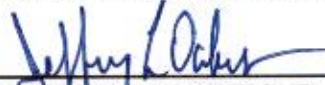
**WHEREFORE**, Plaintiff, Charlene Goodman, prays that the Defendants be lawfully served with a copy of this Complaint and requests judgment against the Defendants, Silver Slipper Casino Venture, LLC and Full House Resorts, Inc., together with pre and post legal interest, punitive damages if the Defendants are found to have committed gross negligence, attorney's fees, costs of these proceedings, including expert witness fees to be assessed as costs of court, and for all legal and equitable relief that this Honorable Court shall find appropriate.

PLAINTIFF REQUESTS A TRIAL BY JURY.

Respectfully submitted this 24<sup>th</sup> day of May 2022.

Respectfully submitted:

**BRICE JONES & ASSOCIATES, LLC**



**JEFFREY L. OAKES (BAR NO. 106236)**

61025 HIGHWAY 1091 (ROBERT RD)

SLIDELL, LOUISIANA 70458

(985)643-2413 (Phone)

(985)649-5830 (Fax)

E-Mail: [jeffrey@bricejoneslaw.net](mailto:jeffrey@bricejoneslaw.net)

*Attorney for Charlene Goodman*

**PLEASE SERVE:**

**SILVER SLIPPER CASINO VENTURE, LLC**

**Through its registered agent for service of process:**

**BUSINESS FILINGS INCORPORATED**

**645 LAKELAND EAST DRIVE**

**FLOWOOD, MISSISSIPPI 39232**

**[SERVICE INSTRUCTIONS CONTINUED ON FOLLOWING PAGE]**

**FULL HOUSE RESORTS, INC.**

**Through its registered agent for service of process:**

**BUSINESS FILINGS INCORPORATED**

**645 LAKELAND EAST DRIVE**

**FLOWOOD, MISSISSIPPI 39232**

G. Brice Jones  
Paul D. Hesse  
Jeffrey L. Oakes\*

**BRICE JONES & ASSOCIATES**  
ATTORNEYS AT LAW

61025 Highway 1091  
(Robert Rd)  
Slidell, Louisiana 70458

[brice@bricejoneslaw.net](mailto:brice@bricejoneslaw.net)  
[paul@bricejoneslaw.net](mailto:paul@bricejoneslaw.net)  
[jeffrey@bricejoneslaw.net](mailto:jeffrey@bricejoneslaw.net)

PERSONAL INJURY  
& TRIAL ATTORNEYS

Telephone: (985) 643-2413  
Facsimile: (985) 649-5830

\*Licensed to Practice: LA, MS, NC, & TX

[www.bricejoneslaw.net](http://www.bricejoneslaw.net)

**Send Via U.S. Mail**

May 26, 2022

Kendra Necaie  
Hancock County Circuit Court Clerk  
152 Main Street, Suite B  
Bay St. Louis, MS 39520

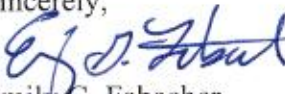
RE: Client: Charlene Goodman

Dear Clerk:

Enclosed please find one original and three copies of our Complaint and Summons. Also enclosed please find check no. 10220 in the amount of \$161.00 representing filing costs for same.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

  
Emily G. Fabacher

PDH/egf

## FEE BILL, CIVIL CASES, CIRCUIT COURT

State of Mississippi  
Hancock County

CHARLENE GOODMAN VS SILVER SLIPPER CASINO &amp; FULL HOUSE RESOR

Case # 22-0090                      Acct #                      Paid By CHECK 10220                      Rct# 35182


CLERK'S FEES	85.00
JURY TAX	3.00
COURT REPORTERS FEE	10.00
LAW LIBRARY	2.50
COURT ADMINISTRATOR	2.00
STATE CT ED FUND	2.00
COURT CONSTITUENTS	.50
ELECTRONIC COURT	10.00
LEGAL ASSISTANCE	5.00
JUDICIAL FUND-JUDGE RAISE	40.00
ARCHIVE FEE	1.00

-----  
Total      \$      161.00  
-----

Payment received from BRICE JONES &amp; ASSOCIATES

Transaction    52459 Received    5/31/2022 at 13:26 Drawer    1 I.D. GPOYADOU

Current Balance Due                      \$0.00                      Receipt Amount \$                      161.00

By  D.C. KENDRA NECAISE, Circuit Clerk

Case # 22-0090                      Acct #                      Paid By CHECK 10220                      Rct# 35182

IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI

CHARLENE GOODMAN

PLAINTIFF

V.

CIVIL CAUSE NO. 22-0090

SILVER SLIPPER CASINO VENTURE,  
LLC  
AND  
FULL HOUSE RESORTS, INC.

DEFENDANT

**SUMMONS**

**STATE OF MISSISSIPPI  
COUNTY OF HANCOCK**

**TO: FULL HOUSE RESORTS, INC.**  
BUSINESS FILINGS INCORPORATED  
645 LAKELAND EAST DRIVE  
FLOWOOD, MISSISSIPPI 39232

**NOTICE TO DEFENDANT**

**THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT AND  
YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.**

You are required to mail or hand deliver a copy of a written response to the Complaint to Jeffrey L. Oakes, Brice Jones & Associates, LLC., the attorney for the Plaintiff, whose post office address is 61025 Highway 1091 (Robert Rd), Slidell, Louisiana 70458. Your response must be mailed or delivered within thirty (30) days from the date of delivery of this Summons and Complaint or a Judgment by default will be entered against you for the money or other things demanded in the Complaint.

You must also file the original of your response with the Clerk of the Court within a reasonable time afterward.

Issued under my hand and the seal of said Court, this 31 day of May, 2022.

(Seal)

CIRCUIT CLERK  
HANCOCK COUNTY, MISSISSIPPI

BY:

*Kendra NeCAise*



IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI

CHARLENE GOODMAN

PLAINTIFF

V.

CIVIL CAUSE NO.

22-0090

SILVER SLIPPER CASINO VENTURE,  
LLC  
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DEFENDANT

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BUSINESS FILINGS INCORPORATED  
645 LAKELAND EAST DRIVE  
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Issued under my hand and the seal of said Court, this 31 day of May, 2022.

(Seal)

CIRCUIT CLERK  
HANCOCK COUNTY, MISSISSIPPI

BY:

*Kendra NeCAise*

